

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|------------|--------|--------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>jpo</i> | 1030 | 5-8-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
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| ✓ | | Revised | N |
| = | | Allowed | Y |
| - | (Through numeral)... | Concealed | Y |
| ÷ | | Restricted | Y |

| Claim | Final | Original | Date |
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| Final Original | Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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